TravelOnly Beyond a Dream & Canadian Christian Tours presents...

OHIO BIBLE TOUR

September 5-7, 2024







This exclusive tour features the outdoor **Living Word Passion Play** in Cambridge, Ohio. Be blessed as you experience a powerful portrayal of the crucifixion & glorious resurrection of Christ. Then experience the famous life-sized **Bible Walk Wax Museum** in Mansfield, Ohio. Our tour features Miracles of the Old Testament & the Life of Christ. On our 3rd day, we will be treated to the musical **Ruth**, an original **Sight & Sound Theater production**, performed at the **Ohio Star Theater** in **Sugar Creek**. Also included is the famous **Ernest Warther Museum & Gardens**. Departing Burlington at 7 am (Sept 5) & a stop in St Catharines. Return at 8 pm (Sept 7).

• Round-trip Motorcoach transportation from Burlington & St. Catharines



- Admission to The Living Word Passion Play & Bible Walk
 - Tickets for Ruth Musical
 - Admission to the Ernest Warther Museum & Gardens
 - Hot breakfast every morning & 2 lunches
 - All taxes (itinerary subject to change without notice)

Not included in price: Lunches/Dinners & Gratuities for Motorcoach Driver



Double \$649 CAD per person

Triple \$639 per person / Quad \$629 per person / Single \$799

Payable by Credit Card (Visa, MasterCard or American Express) or by Cheque payable to *TRAVEL ONLY* **Deposit of \$100 CAD per person at time of booking. Balance due June 1, 2024**

Refundable until June 1, 2024 /\$25 per person cancellation fee applies

After June 1, 2024 – trip is non-refundable however it is transferable

Price is subject to change prior to final payment based on the Canadian/US Exchange rates

(trip is dependent on minimum number of reservations by June 1st / no cancellation fee if trip is cancelled)

To book your trip, or for more information, contact:

Dave Smith at 905-641-3053 / 1-877-641-3053

Travel Only Beyond a Dream & Canadian Christian Tours

Email - BeyondaDream@Travelonly.com / Website - www.beyondadream.ca







OHIO BIBLE TOUR – SEPTEMBER 5 – 7, 2024 BOOKING FORM

If you have not travelled with us before, or if your information has changed, please complete this form.

Single parties please complete 1 form each / Couples complete only 1 form

Send booking form by: E-mail beyondadream@travelonly.com or Mail with form(s) & passport photocopy to
TravelOnly Beyond a Dream, PO Box 20373, St. Catharines ON L2M 7W7

(don't email credit card numbers, please phone in the number)

Legal Name as it appears on your I.D. (Please print) ₽	Usually called ∉	Birthdate (month/day/year)	
Legal Name as it appears on your I.D. (Please print) ∅	Usually called ♂	Birthdate (month/day/year)	
Address ♂	Citizenship		
City & Province &	Postal Code ♂		
Home Phone # $\ensuremath{\mathcal{I}}$	Alternate Phon	e # (i.e. work or cell) 🗸	
E-mail Address &			
Emergency Contact: Name & Relationship &	Home Phone #	/ Alternate Phone # &	
Special Needs (ie. use wheelchair) / Diabetic / Drug Allergies (please list) / Food Allergies (please list) &			
Please cross-reference me with the following people (for travelling & hotel accommodations): 4			
If you are celebrating a special event, please indicate below: ${\cal J}$			
Number of passengers x \$	=	(Total cost of trip)	
I authorize Travel Only Beyond a Dream to process the above transactions to my credit card.			
Credit Card # Ex	oiry Date	_ Security Code	
Card Holder Name Signature Date For credit card charges requested on a card in which the card holder is not travelling with this tour, a Third Party Authorizaton Form will be requested.			
TRAVEL INSURANCE: Yes □ please contact me with c	uotes for (Please c	heck ☑ one):	
All Inclusive ☐ (includes Cancellation & Medical) or Cancellation only ☐ or Medical only ☐			
No ☐ I have insurance elsewhere and do not wish to receive a quote. By signing below I am declining all travel insurances. I understand that I will assume all financial loss associated with my travel arrangements and will not hold Travel Only Beyond a Dream, or their Agents responsible for any expenses incurred before or during my trip.			
Signature (declining insurance)		Date	

Please initial if you would like to receive occasional emails from us to inform you about our upcoming trips.